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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/625,420	07/25/2000	George G. Neuman	P/3458-2	6646

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NEW YORK, NY 100368403

EXAMINER

FRENEL, VANEL

ART UNIT	PAPER NUMBER
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3626

DATE MAILED: 03/14/2005

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary

Application No.

09/625,420

Applicant(s)

NEUMAN, GEORGE G.

Examiner

Vanel Frenel

Art Unit

3626

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 21 October 2004.
- 2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 1-48 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 1-48 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
- ☐ Certified copies of the priority documents have been received.
 - ☐ Certified copies of the priority documents have been received in Application No. _____.
 - ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- ☒ Notice of References Cited (PTO-892)
- ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
- ☐ Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08)
Paper No(s)/Mail Date _____
- ☐ Interview Summary (PTO-413)
Paper No(s)/Mail Date. _____
- ☐ Notice of Informal Patent Application (PTO-152)
- ☐ Other: _____

DETAILED ACTION

Notice to Applicant

1. This communication is in response to the Appeal Brief filed on October 21, 2004.

Claims 1-48 are pending.

2. In view of the Appeal Brief filed on October 21, 2004, PROSECUTION IS
HEREBY REOPENED as set forth below.

To avoid abandonment of the application, appellant must exercise one of the
following two options:

(1) file a reply under 37 CFR 1.111 (if this Office action is non-final) or a reply
under 37 CFR 1.113 (if this Office action is final); or,

(2) request reinstatement of the appeal.

If reinstatement of the appeal is requested, such request must be accompanied
by a supplemental appeal brief, but no new amendments, affidavits (37 CFR 1.130,
1.131 or 1.132) or other evidence are permitted. See 37 CFR 1.193(b)(2).

Claim Rejections - 35 USC § 103

3. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all
obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

4. Claims 1-48 are rejected under 35 U.S.C. 103(a) as being unpatentable over De
Bruin-Ashton (6,014,629) in view of Joao (6,283,761).

(A) As per claim I, Bruin-Ashton discloses a system to match a consumer of health care services to a health care service provider over a communications network (Fig.1; Col.6, lines 39-67), the system comprising:

at least one computer terminal associated with the consumer for allowing the consumer access to the communications network (Fig.1; Col.6, lines 39-67);

a network server coupled to the communications network, the server comprising a computer program (Col.7, lines 15-33) having:

a service provider data base identifying a plurality of health care service providers and associated health care service products offered by the service providers (Col.12, lines 37-67).

Bruin-Ashton does not explicitly disclose a first software portion for automatically determining at least one treatment option based on a diagnosis provided by the consumer or determined by an alternative diagnosis determiner; and a second software portion for automatically determining at least one appropriate service provider based on a treatment preference, the treatment preference comprising at least one of: geographical location of the provider, insurance plan participation, cost, provider experience with the at least one treatment option and provider outcome with respect to the at least one treatment option.

However, these features are known in the art, as evidenced by Joao. In particular, Joao suggests a first software portion for automatically determining at least one treatment option based on a diagnosis provided by the consumer or determined by an alternative diagnosis determiner (See Joao, Col.26, lines 20-43); and a second

software portion for automatically determining at least one appropriate service provider based on a treatment preference, the treatment preference comprising at least one of: geographical location of the provider, insurance plan participation, cost, provider experience with the at least one treatment option and provider outcome with respect to the at least one treatment option (See Joao, Col.30, lines 48- Col.31, line 4).

It would have been obvious to one of ordinary skill in the art at the time of the invention to have included the features of Joao within the system of DeBruin-Ashton with the motivation of performing healthcare and/or healthcare-related diagnoses, to provide healthcare and/or healthcare-related expected prognoses, to provide healthcare and/or healthcare-related treatment plans or programs, and/or to provide healthcare and/or healthcare-related treatment progress reports and/or evaluations (See Joao, Col.4, lines 42-47).

(B) As per claim 2, Joao discloses the system wherein the service provider data base comprises information related to a plurality of service providers, medical products offered by each provider, the provider's experience with each medical product, outcome of each provider with respect to each product, price for each product, description of each product and demographic location of each provider (Col.17, lines 63-Col.18, line 20; Col.19, lines 40-50; Col.31, lines 25-30).

The motivation for combining the respective teachings of DeBruin-Ashton and Joao are as discussed above in the rejection claim 1, and incorporated herein.

(C) As per claim 3, Joao discloses the system further wherein the first software portion automatically determines the number of treatment options based on the diagnosis (Col.25, lines 63-67 to Col.26, line 10).

The motivation for combining the respective teachings of DeBruin-Ashton and Joao are as discussed above in the rejection claim 1, and incorporated herein.

(D) As per claim 4, Joao discloses the system wherein the first software portion allows selection of treatment option if more than one treatment option is available (Col.26, lines 20-38).

The motivation for combining the respective teachings of DeBruin-Ashton and Joao are as discussed above in the rejection claim 1, and incorporated herein.

(E) As per claim 5, Joao discloses the system wherein the alternative diagnosis determiner comprises one of a link to a medical diagnosis database and a referral to a physician (Col.19, lines 12-20; Col.30, lines 55-60).

The motivation for combining the respective teachings of DeBruin-Ashton and Joao are as discussed above in the rejection claim 1, and incorporated herein.

(F) As per claim 6, Joao discloses the system wherein the first software portion accesses the service provider database to describe the treatment option when more than one treatment option is available (Col.26, lines 20-38).

The motivation for combining the respective teachings of DeBruin-Ashton and Joao are as discussed above in the rejection claim 1, and incorporated herein.

(G) As per claim 7, Joao discloses the system wherein the first software portion allows the consumer to obtain a referral to a physician to assist in understanding of treatment options (Col.30, lines 55-60).

The motivation for combining the respective teachings of DeBruin-Ashton and Joao are as discussed above in the rejection claim 1, and incorporated herein.

(H) As per claim 8, DeBruin-Ashton discloses the system wherein, after the consumer is matched to a service provider, an identification number is issued (Col.4, lines 16-47).

(I) As per claim 9, DeBruin-Ashton discloses the system further comprising a link to the service provider (Col.6, lines 39-55).

(J) As per claim 10, DeBruin-Ashton discloses the system further comprising a consumer database obtained from the second software portion comprising information related to the consumer's choice of service provider (Col.1, lines 22-39).

(K) As per claim 11, DeBruin-Ashton discloses the system wherein the consumer database is coupled to the service provider database for updating the service provider database (Col.2, lines 60-67).

(L) As per claim 12, DeBruin-Ashton discloses the system wherein the second software portion has an input from the service provider database to determine the at least one appropriate service provider (Col.3, lines 1-23).

(M) As per claim 13, DeBruin-Ashton discloses the system wherein provider outcome includes an indication of consumer satisfaction (Col.11, lines 60-67 to Col.12, line 18).

(N) As per claim 14, DeBruin discloses the system further wherein the cost treatment preference includes the capability to offer a reduced cost for greater usage (Col.1, lines 22-39).

(O) As per claim 15, DeBruin-Ashton discloses the system further comprising the capability to prioritize the treatment preferences in a selected order (Col.1, lines 48-67).

(P) As per claim 16, DeBruin-Ashton discloses the system further comprising a program flow for charging the consumer a fee to participate in the system (Col.1, lines 22-39).

(Q) Claim 17 differs from claim 1 by reciting allowing the consumer to access the communications network to connect to a network server coupled to the communications network, the server comprising a computer program having a service provider data base identifying a plurality of health care service providers and associated health care service products offered by the service providers.

As per this limitation, it is noted that DeBruin-Ashton discloses automatically determining with the computer program at least one appropriate service provider based on a treatment preference, the treatment preference comprising at least one of geographical location of the provider (See DeBruin-Ashton; Col.7, lines 15-67; Col.8, lines 15-65) and Joao discloses automatically determining with the computer program at least one treatment option based on a diagnosis provided by the consumer or determined by an alternative diagnosis determiner (See Joao, Col.26, lines 20-43), cost, provider experience with the at least one treatment option, and provider outcome with respect to the at least one treatment option (See Joao, Col.24, lines 12-21; Col.37, lines 22-30).

Thus, it is readily apparent that these prior art systems utilize computer program having a service provider database to perform their specified function.

The remainder of claim 17 is rejected for the same reason given above for claim 1, and incorporated herein.

(R) Claims 18-32 recite the underlying process steps of the elements of claims 2-16, and respectively. As the various elements of claims 2-16 have been shown to be either disclosed by or obvious in view of the collective teachings of DeBruin-Ashton and Joao,

it is readily apparent that the apparatus disclosed by the applied prior art performs the recited underlying functions. As such, the limitations recited in claims 18-32 are rejected for the same reasons given above for system claims 1-16, and incorporated herein.

(S) Claim 33 differs from claims 1 and 17 by reciting a computer readable storage medium for a program for operating:

As per this limitation, DeBruin-Ashton discloses a system to match a consumer of health care services to a health care service provider over a communication network coupling at least one computer terminal associated with the consumer for allowing the consumer access to the computer network and a network server (Col.7, lines 1-62; Col.8, lines 15-65), the computer readable storage medium comprising a computer program comprising:

a service provider data base identifying a plurality of health care service providers and associated health care service products offered by the service providers (Col.7, lines 1-62) and Joao discloses a first software portion for automatically determining at least one treatment option based on a diagnosis provided by the consumer or determined by an alternative diagnosis determiner (See Joao, Col.26, lines 20-43); and a second software portion for automatically determining at least one appropriate service provider based on a treatment preference, the treatment preference comprising at least one of geographical location of the provider, insurance plan participation, cost, provider experience with the at least one treatment option and provider outcome with respect to the at least one treatment option (See Joao, Col.24, lines 12-21; Col.37, lines 22-30).

Thus, it is readily apparent that these prior art systems utilize computer readable storage program to perform their specified function.

The remainder of claim 33 is rejected for the same reason given above for claims 1 and 17, and incorporated herein.

(T) Claims 34-48 recite the underlying process steps of the elements of claims 2-16, and respectively. As the various elements of claims 2-16 have been shown to be either disclosed by or obvious in view of the collective teachings of DeBruin-Ashton and Joao, it is readily apparent that the apparatus disclosed by the applied prior art performs the recited underlying functions. As such, the limitations recited in claims 34-48 are rejected for the same reasons given above for system claims 1-16, and incorporated herein.

Response to Arguments

5. Applicant's arguments filed on 10/21/04 with respect to claims 1-48 have been considered but are moot in view of the new ground(s) of rejection.

Conclusion

6. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure. The cited but not applied art teaches method and apparatus for objectively monitoring and assessing the performance of health-care providers based on the severity of sickness episodes treated by the providers (5,845,254) and delivery of medical services using electronic data communications (5, 619,991).

Art Unit: 3626

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Vanel Frenel whose telephone number is 703-305-4952. The examiner can normally be reached on Monday- Thursday from 6:30 am-5:00pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on 703-305-9588. The fax phone numbers for the organization where this application or proceeding is assigned are 703-305-7687 for regular communications and 703-305-7687 for After Final communications.

Any inquiry of a general nature or relating to the status of this application or proceeding should be directed to the receptionist whose telephone number is 703-308-

1113.

V.F
V.F

March 2, 2005



ALEXANDER KALINOWSKI
PRIMARY EXAMINER